

INTERACTIVE CASE FOR OCTOBER-NOVEMBER 2006

(closed for comments)

You are the only family physician practicing in a small rural community in West Texas. The nearest hospital is 75 miles away. The nearest doctor is 50 miles away. You operate your office with an experienced nurse and full-time, 23 year-old office clerk. The day is a Wednesday, and you have five patients waiting to be seen in your office. They are:

Mrs. Velasquez, a 22 year-old woman whom you know avoids prenatal care because of her embarrassment about her inability to pay your fee. She is 39 weeks pregnant with her second baby, and is here with her husband. She is having contractions from labor about every ten minutes and could deliver her baby at any moment. Her husband Pepe is with her and looking terrified.

Mr. Brown, a 52 year old cowhand, whom you know to be an active alcoholic, and who made a serious suicide attempt two months ago after his wife finally left him. He is the sorriest looking guy you have seen all week, and just stares at the floor of the waiting room.

Mr. Hough, the 60 year-old owner of the local grocery, who had a myocardial infarction (life-threatening heart attack) last year. Despite his heart attack, he continues to smoke cigarettes, even in the doctor's office. He had called the nurse earlier saying that he was having more chest pain (a sign of a possible heart attack) that wasn't helped by taking his heart medicine. The nurse told him to come in immediately.

Jill Frances, a 17 year-old junior at the local high school, is here with her mother Betty. Jill has a pattern of getting into trouble with drugs and boys. She is on probation for possession of marijuana, which she always claimed was her boyfriend's drugs, not hers. Jill's father, Bernard, has been physically abusive to Mrs.. Frances, and you have suspected him of molesting (sexually abusing) Jill in the past. Jill has also run away from home on two occasions.

Mrs. Veneta Williams is here with her three-month old baby, who is crying all the time and annoying the rest of the waiting room. She told the nurse that she's sure the baby has another ear infection because he's been pulling at his ear for the past two days, and has a stuffy nose. She's worried that the baby will pop his eardrum. Describe the order you would see each of these five patients, and why you chose that order. Who would you see first and why? How will you use the nurse and office clerk in this situation Why?

Dear Students,

Thank you for your thoughtful and interesting comments. We received responses from 35 students representing four schools. Here are responses to the case from two faculty at UT Southwestern Medical Center for you to review and discuss. We hope you have enjoyed participating in this process.

Professional Response #1:

Scott Kinkade, MD, MSPH Assistant Professor
Family Medicine Pre doctoral Education Director

As a family physician who has practiced in areas of limited resources, here is how I would approach these patients.

The patients that need attention immediately are Mrs. Velasquez who is pregnant and Mr Hough who is having chest pain. Delivering a baby and having a heart attack are both emergency situations where appropriate and timely medical care may make a big difference in the outcomes. I would ask my nurse to get an electrocardiogram (EKG) on Mr Hough while I examined Mrs. Velasquez.

The EKG takes about 5-10 minutes to perform and gives important information about whether the chest pain he is experiencing is due to a heart attack or something else. The something else may be an emergency (collapsed lung, blood clot in the lung, etc) or it may be something not as serious (an anxiety attack, an upset stomach, or a pulled muscle). However, if the EKG does not show any evidence that he is having a heart attack, we can come back to him later.

While the nurse is getting the EKG, I can examine Mrs. Velasquez. By feeling the cervix (the opening of the womb or uterus) it is possible to tell how close she is to delivering the baby. The normal gestational period is 40 weeks, so she is very close to her due date. The cervix is usually closed or sometimes open (dilated) 1 or 2 centimeters before labor starts. It slowly dilates (opens) to 10 cm, at which time the contractions get stronger and the mother has an urge to push in an attempt to deliver the baby. Once the cervix is 8 or 9 centimeters dilated, you should be ready for the baby to come at any time. It may be 10 minutes or it may be as long as a couple of hours.

After talking with Mrs. Velasquez and checking her cervix, I can review Mr Hough's EKG and talk with him for a few minutes. At this point, I either have 2 emergencies (Mr Hough is having a heart attack and Mrs. Velasquez is about to deliver), or 1 emergency and one I can keep an eye for a while, or 2 that I can observe in my clinic while I tend to other patients. Let's assume that neither Mrs. Velasquez nor Mr. Hough is an emergency at this point. Mrs. Velasquez is dilated to 6 centimeters and Mr. Hough's EKG looks okay and although I don't think it is anything life-threatening, I don't have a good explanation for his pain yet.

I would ask my nurse to get Mrs. Velasquez comfortable and get some delivery supplies ready while I see Mrs. Williams' baby. I do not think this is very urgent, but compared to the other 4 patients, this is one that I can evaluate and treat in just a couple of minutes. I would explain to her that I am sorry I am rushed, but that I have some urgent patients that I need to get back to. The concern that "the eardrum may burst" is nothing to worry about. Even if this were to happen, it is a common complication that heals up on its own without any problems.

If there were any routine patients here for follow-up or prescription refills or physical exams, I would ask them to re-schedule. However, there aren't any of those types of patients, so I will move on to Mr Brown and Jill Frances. Both of them are potentially at high-risk for harm due to psychiatric or social reasons. If Mr. Brown is suicidal, he may kill himself. Likewise, a teenager with legal problems, impulsive behavior, using drugs and being abused is a volatile situation that is high risk for suicide as well. Alternatively, I would be concerned that she is here due to abuse. Since she is under 17, this would be considered child abuse. If the concern of child abuse is credible, you are required by law to report it.

I know that I will have to check on Mrs Velasquez and Mr Hough in about 30 minutes. Now that your experienced nurse has made Mrs. Velasquez comfortable, I would ask her to take Jill and her mother into a room to get a little more information about why they are here today. I would talk with Mr. Brown about why he is here today, being certain to ask him about suicidal thoughts, even if that is not his expressed reason for coming in today. Why would I want to ask someone if they are suicidal if they didn't bring up the topic? First, I know he is at risk for suicide because he has attempted it recently before, he is an alcoholic, he has a recent disruption in his life (wife leaving him) and he looks depressed. Second, many patients who commit suicide visit their doctor in the month prior. Third, there is no evidence that asking about suicidality increases the risk that patients will do it. Asking this question does not cause harm, but helps you evaluate the likelihood and risk. It may not seem obvious, but patients are usually pretty open about their suicidal feelings and how strong those urges are. If Mr Brown is not actively suicidal (maybe he just wishes he wasn't alive, but has no plan or desire to commit suicide) we might start him on an antidepressant medicine and have him come back in a few days to talk about how he is feeling at more length. If he is thinking about suicide, he should be hospitalized. In a worst-case situation without a hospital readily available, someone who is reliable can watch over him.

As mentioned above, if Jill is feeling suicidal, or if you suspect she is being abused and in some danger, this would become a priority patient as well. If neither of those things are going on and the mother can watch Jill closely until tomorrow, they can go home.

Professional Response #2:

Fabrice Jotterand, Ph.D.

Assistant Professor-Department of Psychiatry Program in Ethics in Science and Medicine

All physicians want to take care of their patients the best they can and in a timely fashion. However, when resources are limited (in this case not enough medical staff) one has to prioritize and make choices. There are different approaches one could consider. One approach would be to treat patients on the "first-come, first-serve" basis, independently of other factors (such as the seriousness of the condition). Another approach would be to consider the ability to pay for treatment (relevant in the case of Mrs. Velasquez) and/or the

seriousness of the condition (Is it “worth” saving the life of someone who does not take care of his/her health such as Mr. Hough?). These two options are ethically problematic because they use dubious criteria in the selection of the patients. For instance, should the ability to pay be a criterion to allow a safe delivery of a 39 week pregnant woman? Or should smoking be a determinant factor? Hence, we must find other ways to make the selection.

There are two aspects to consider with regards to this specific case. First, this is an emergency and therefore one must use all resources available. Each of the three people (two clinicians and one non-clinician) in the practice should collaborate to take care of the patients. Second, one should use at least the two following criteria to determine the order the physician should see the patients. The first is the severity of the condition (i.e., likelihood of death or severe complications). The second is the likelihood of bad consequences such as the possibility of committing suicide, etc.

Using the above criteria the order should be as follows:

1) Mrs Velasquez – two lives are at stake. 2) Mr. Hough – because of the sign of heart attack. 3) Mrs. Veneta Williams – ear infection can be a serious condition but is not lethal. 4) Mr. Brown – no urgent condition that requires immediate attention. 5) Jill Frances – no urgent condition mother can help.

Based on the order above, the physician should take care and/or supervise Mrs. Velasquez and Mr. Hough since these two patients require or could require immediate attention. The experienced nurse could help the physician with the delivery if needed but also attend to the needs of the four month old baby. Finally, the office clerk should attempt to dialogue with Mr. Brown to make sure he will not harm himself until the physician is available. In addition the office clerk should speak privately to Jill’s mother and ask her to keep an eye on her daughter.

Student Responses:

12/12/06

I would have taken the pregnant 22 year old woman first, cause I wouldn't want her having the baby right on the floor in the waiting room. While I was doing that I would have the nurse sitting and talking to, Mr. Hough with the heart problems. I would also have the teen Jill Francis, talking to her to keep her calm. After I delivered the baby I would, go to the baby to keep it quite in the waiting room. Then, I would help Mr. Hough and send him on his way. Then I would tell Mr. Brown that he needs to go to a psychologist and not a doctor unless he's hurt. I would take care of the teen that needs more emotional help and check to see if she is hurt and also give her a drug test to see if she was taking drugs. That would be it and then I would wait till more people came in to help them.

A.F. PAP Biology Sam Houston High School

12/12/06

I'll put the office clerk taking care of the lady who is having her baby. Then I'll put the nurse with Mrs. Veneta Williams baby first because the eardrum could pop. While she's helping them I'll go and just help with the delivery. I'll send the office clerk to talk with Jill Frances and see if she can tell her something then when the deliver is finish I'll go and help Mr. Hough and then send the nurse to help Mr. Brown.

MM-Pap Biology

11/26/06

I think that Mrs. Velasquez should be seen first and that the nurse should start prepping a room for her. While that is taking place the clerk should speak with Mr. Hough and calm him down a bit to make sure that he doesn't go into cardiac arrest. Mrs. Williams should be seen next. The baby's ear needs to be looked at so he stops hurting and also so the waiting room quiets down. Then Mr. Hough should be seen by the doctor while the nurse starts speaking with Mr. Brown. Lastly Ms. Frances should be seen. She is last because her problem is less serious and she can wait because she is younger.

AL- Pap Bio 1 Sam Houston High

11/25/06

If I were the doctor in charge of this hospital, I would put the baby with the ear infection in a room to where it is not bothering the rest of the patients in the waiting room. Then I would have Mrs. Velasquez and her husband put in to a room and situated first, and make them as comfortable as possible. Then I would have Mr. Hough called back and seen by the doctor as soon as he arrived because his condition is way worse than any of the others. After I have taken care of Mr. Hough I would have my nurse take care of the baby with the ear infection, while I am taking care of the depressed man. The 17 year old girl can be seen last cause her problems are less important than the rest, because nothing will have changed between the time she got there and the time all the other patients have been seen.

A.C.
Aledo High School

11/19/06

I would first deal with the 60 year old man because if he has another infarction there is a good possibility he could die. I would get the nurse to help deliver the baby. after helping Mr. Hough I would then help the child with the ear infection. then afterwards I would have a consultation with the alcoholic. afterwards I would ask the clerk to call a police escort and cps for the teenager. I would perform an exam to check for any abuse and if found would have the police intervene and cps take the teen.

CG-AP
Aledo High School

11/18/06

1. I would have to nurse take Mrs. Velasquez into a room and prep her for delivery because I'm sure that she wasn't quite ready to have to baby yet. 2. Then I would take the doctor take Mr. Hough into a room and have his heart check by the doctor to make sure that he was not having a heart attack. 3. Thirdly, I would have Mrs. Veneta and her baby put in a room to keep the noise level down in the waiting room and just have them waiting in there, so the doctor can look at the other patients first. 4. Then I would have Jill Frances put in a room and have her wait there and since she is with her mother she doesn't need anyone to wait with her to wait for the doctor. 5. Lastly, I would have Mr. Brown taken care of with the clerk so he doesn't get too lonely all by himself.

A.

11/18/06

I would have Mr. Hough brought back first and have the doctor see him first. Why I was examining Mr. Hough, I would have my nurse bring back Mrs. Velasquez and her husband. When I finished seeing Mr. Hough, I would go to Mrs. Velasquez and see her. While doing that I would have my nurse bring back Mrs. Veneta Williams and her baby to get the screaming child out of the waiting room and check on Mr. Hough's condition. Once I finished examining Mrs. Velasquez I would probably call care flight and have her taken to the hospital to deliver her baby. I would then go back and check on Mr. Hough. Then to the screaming kid. I would check to see if the child did have an ear infection. If the baby did then, I would get the kid a shot if possible and write a prescription and send them on there way. I would then bring back Mr. Brown and sit down and talk to him and figure out what is wrong. By this time hopefully the helicopter would be there and Mrs. Velasquez could be taken to the hospital. Then I could have my nurse bring back Ms. Frances and figure out what brought them to my office. At the same time I would be doing the same with Mr. Brown. I'm just keeping Mr. Hough to make sure he is stable and if he isn't then I would send him to the hospital too.

B.W.- Anatomy and Physiology
Aledo High School

11/17/06

I would take care of Mr. Hough, 60 year old male who is complaining of chest pains because he seems the most life threatening situation. I would have my nurse put Mrs. Velasquez in a room and monitor her. I would then take care of Mrs. Veneta Williams' baby so I could get rid of the noise in the waiting room and have her treated ASAP. While all this is happening I would have my receptionist call in a shrink to come and talk to Mr. Brown and see what is going on with him. After that I would talk with Jill Frances and find out what is going on with her and if needed she could talk to the shrink or if it is a more serious matter maybe call a police officer or whatever is needed to help her situation.

R I-AHS

11/17/06

First, I would call the doctor and the hospital and tell them to hurry, and that I needed his help, and I would have the nurse prep Mrs. Velasquez, and I would see Mr. Hough and treat him, if I was not done with him in time I would have the nurse deliver the baby, after that I would see Mrs. Williams baby with the ear infection, and have the nurse deal with the Jill Frances. After that I would finally see Mr. Brown, the alcoholic.

A.H.-Anatomy

11/17/06

First I would put the pregnant women in a room and treat her first because this is her second baby and will probably come faster and she is 2 weeks past full term. Then I would put the man that was having heart attack signs in a room and run an EKG on him. While I was helping them the nurse would put the baby with the ear infection in a room so it wouldn't bother the other 2 people in the waiting room and I would see her third because the mom just said that she thought that its ear drum would pop she doesn't really know. Then the office clerk would talk to the man that was an alcoholic because he probably needs someone to talk to and refer him to AA meetings. When the nurse is done with the baby she could go talk to the 17 year-old she can't really do anything with her because she is just self-destructive and refer her to a neurophysiologist.

A.Y.

Aledo High School

11/17/06

I would treat Mr. Hough first because of the possible heart attack signs and the fact that he could die. While I was doing that I would have the nurse prep Mrs. Velasquez for delivery and when Mr. Hough was stable and an ambulance was on the way I would deliver her baby. I would take care of Mrs. Veneta Williams' baby with the ear ache and prescribe a prescription and send them on their way. Then I would help Mr. Brown in any way I could and last I would talk to Jill Frances and run tests to make sure she was all right and there were no more signs of abuse or rape.

MD

11/17/06

First I would have the nurse take Mr. Hough back to the examination room to be looked at. He is most life threatening and should be taken care of first. The nurse can handle the first steps he must go through before I can look at him. While the nurse is getting his check up, I would take Mrs. Velasquez and Pepe back to another room to get comfortable. She would be second because she is very close to having this baby. I would then leave here there and go get Mrs. Veneta Williams and her baby. I would take care of them before I delivered the baby because it would be a quicker process with the baby with the ear infection. Mrs. Williams' baby was in a lot of pain, screaming and annoying all the other patients. As soon as they, Mrs. Williams and her baby were gone, I would switch with the nurse and go look at Mr. Hough and see what the matter with him was. My nurse would tend to Mrs. Velasquez, and she would know when to call for me if the baby was going to be due within seconds. While these three patients are being taken care of, my office clerk would watch over Jill Frances and Mr. Brown to make sure they weren't going to do anything foolish. And they could wait a while

longer. now after the baby has been delivered, and Mr. Hough has been seen and I have decided what to do with him, and he is able to leave. I would call in Mr. Brown, and my nurse would take back Jill Frances. I would call for Mr. Brown because he seems to be in more danger than Jill. And the nurse would take Jill, she can be seen last.

C.N.- AHS

11/16/06

If I were the doctor, I would take in the pregnant woman (Mrs. Velasquez) first, evaluate her and have her husband stay in the back with her and the nurse stay also to prepare the room until she is near labor. Second, I would ask the office clerk to bring the mother and child into a back room so that the child's crying does not annoy the other patients (Especially Mr. Brown) and the child is not exposed to Mr. Hough who is smoking in the lobby. I'd ask the clerk to check the baby's ears while I evaluate Mr. Hough for a possible heart attack. Then I would call in Mr. Brown and after him Jill Frances and her mother Betty.

MR

Aledo High School

11/16/06

Assuming that there is only one operating room...

First, I would send the nurse to assess and calm Mrs. Velasquez while I treated Mr. Hough. Mr. Hough's condition is severe and could possibly need a referral to a major hospital. Meanwhile, the nurse could prep and check dilation. All the while the clerk could seclude and comfort Mrs. Veneta Williams and her baby that is putting stress on the rest of the waiting room. Also, the clerk could be frequently keeping an eye on Mr. Brown, who might be prone to leave. Second, I would deliver Mrs. Velasquez's baby. Then, after the nurse could continue the care. Third, I would treat Mrs. Veneta Williams's baby. This should be a quick process, removing stress on the waiting room and leaving the clerk to watch Mr. Brown. Fourth, I would treat Mr. Brown. He could need a referral to a therapist and/or medication. Fifth, I would treat Jill Frances. She can be left for last because she has her mother with her to supervise and comfort, and also, her problems are chronic and do not require immediate attention.

KET, Aledo High School, Anatomy and Physiology

11/13/06

If I were the physician at this local doctors office, this is the order of how I would treat these patients in this situation:

1.) Mrs. Velasquez: I would treat this patient first because she is the most in need of assistance. She is in labor with contractions about 10min apart. Even though she may not be able to pay her medical bill, she is the most critical case at that moment. 2.) Mrs. Veneta Williams: I would then have the nurse take Mrs. Williams and her crying baby in a separate room so the baby won't annoy and disturb the other patients in the waiting room and potentially worsen their cases. Then I would have the nurse treat the baby quickly but tell Mrs. Williams that the doctor will be back shortly to help. 3.) Mr. Hough: After the nurse finishes with Mrs. Williams and the baby, I would have her attend to Mr. Hough and his chest pains. She would take him in to a separate room and stay there and treat him until I am finished delivering Mrs. Velasquez's baby. 4.) Mr. Brown: The office clerk will then comfort Mr. Brown in the waiting room while the nurse and I are busy tending to the other patients since his case is not as serious as the others. She would try to talk to him about his problems and comfort him until I am able to treat him. 5.) Jill Frances: I would also have the office clerk tend to Jill and her mother while they are waiting for me. She would talk to them as well and see if there is anything she can do while they wait for the doctor. I would treat Jill last because even though Jill's situation is serious, she is not in need of any immediate medical attention.

L.N.

A&P-Aledo High School

11/8/06

I take biology at southwest high school and I am in 12th grade. I would start with Mrs. Velasquez because her baby could be delivered at any moment. So she needs to be helped immediately, otherwise the baby or even her can be severely harmed. Next I would treat Mr. Hough because he could be having another heart attack, and it could be fatal considering he has continued to smoke and the medication isn't working. Then I would treat Mr. Brown because if I were to wait too long to see him he would probably feel as if I didn't want to and make him anna kill himself again. Next I would take Jill because although her problem is pretty severe nothing is really certain with her. We don't know if she really has been abused or not, or if she's been using drugs. Then lastly I would take Mrs. Veneta because her babies problem could probably be taken care of much more easily then the rest. I think that the nurse and office clerk could be helping out the suicide victim while he was waiting, by just talking to him and making him feel at ease.

SA

11/7/06

In this situation I would tend to the woman that is having contractions first, make sure that she is fine and get my office clerk to watch over her, and report to me if she went into labor. Then I would tell my nurse to tend to the teen and the alcoholic an while I looked at Mr. Hough to make sure that he wasn't going to have a heart attack and try and give him some more medication to try and stop the chest pain. After that I would look at the baby, try and stop its crying and give it some medicine. That way I could get to look at all the patients that were in serious need of medical attention and still tend to the people that needed help with other problems at the same time and not leave anyone feeling unattended.

J.

Southwest High School

11/7/06

Considering that all of these patients have serious problems, being put in this position would make things complicated and hard. Seeing that I have a well trained nurse and a clerk, I would use the clerk to talk with Mr. Brown about his problems and the issues he is having until I was able to see him because although his mind is in a suicidal state, by having someone talk with him could be the best thing for him. I would then send the nurse to deliver Mrs. Velasquez's baby because her situation is basically between life or death of the baby. And since Pepe, her husband, is there with her, I would ask him to go comfort Jill and her mother because although they have a serious problem, there are bigger situations that need to be solved. I myself would then have Mr. Hough and Mrs. Williams to attend to. I would most likely see them at the same time but attend to the baby first because although Mr. Hough is at risk of a heart attack, checking the baby's ear for an infection or just to see what's wrong with it and getting it antibiotics, takes less time than figuring out what's wrong with Mr. Hough. That also relieves the waiting room of the crying baby. So bottom line, I would see Mrs. Williams first.

M.

Southwest High School

1/7/06

I would begin by seeing the woman who is 39 weeks pregnant and is in labor. I would do this because that to me seems to be the most obvious emergency out of the patients that are there. Once I check her, she can be admitted and checked on periodically by the experienced nurse that I have on staff for the few hours that she will most assuredly be in labor. Her husband or the nurse can call for help if the situation escalates or a crisis occurs.

Secondly I would take care of the man who has had a previous heart attack and who is now suffering from chest pains for fear that he could have another heart attack at any time in my waiting room. If that were to happen it could mean we did not take the proper preventative measures with his circumstances. Third, I would treat poor old Mr. Brown who is obviously suffering from severe depression that has been triggered by the

consumption of alcohol. While I write him a prescription for antidepressants I can have my cute and perky little 23 year old office clerk keep him company and possibly try to cheer him up. Fourth, I would see Mrs. Veneta Williams just to simply get the crying kid out of the waiting room. If we are busy and already under a lot of stress in the office, it would only deter us from our objective to provide good medical service while the child is throwing a fit. I would write a prescription Amoxicillin and tell the mother she is safe to take him home. Lastly, I would see the delinquent teen that is possibly on marijuana and whose father is most likely abusing her. It is not an emergency at all and she will be safe from harm from her father as long as she is in my office. She can wait in safety with no fear of being abused until I can perform an exam on her and possibly call CPS on her father if anything shows up that is not to my liking.

L.E.
Southwest High School

11/7/06

The first thing I notice about the situation is that two patients- Mr. Brown and Jill Frances- do not appear to be in immediate danger. Of the remaining three, Mr. Hough is in the greatest immediate danger. He is the first patient I would see, although in all probability he would need to go to the hospital immediately. The next greatest concern would be Mrs. Velasquez. I would have the nurse attend to her immediately. The nurse could stay with her as long as needed, and would be able to provide as much assistance as I would. I myself would see her after the other patients had been taken care of. The final patient in obvious, immediate danger is Mrs. Veneta Williams's baby. Because his condition is not as severe as the other two, I personally would not see him until Mr. Hough had been taken care of. However, I would have the clerk do what he could until I arrived.

Once I was able to see Mrs. Williams and her baby, I would have the clerk talk to Mr. Brown. His physical health does not seem to be an immediate concern. It is unclear what sort of aid he might need, so the first order of business would be to determine what was wrong. Hopefully, the clerk could take care of him until I was available, and I would be able to wait to see him myself until Jill Frances was attended to. Ms. Frances's situation appears to be similar to Mr. Brown's in that there is no obvious threat to her physical health. However, she appears to need better-qualified help than Mr. Brown, who merely seems to be suffering from depression. Thus I would see her myself before I saw Mr. Brown, but after I saw Mr. Hough and Mrs. Williams. After everyone else was fully taken care of, I would see Mrs. Velasquez. At this point in time, she would probably need to be sent to the hospital for proper medical attention and longer-term care. To summarize my plan, I would first see Mr. Hough, followed by Mrs. Williams, Ms. Frances, and then Mr. Brown. I would have the nurse stay with Mrs. Velasquez the whole time, and I personally would see her last. I would have the clerk see Mrs. Williams immediately, and then help Mr. Brown.

P.
Southwest High School

11/7/06

I would have to say that the heart with Mr. Hough and the pregnancy with Mrs. Velasquez, would have to come first. Since they are pretty much the most severe not saying that the others aren't as important. While I'm attending to Mr. Hough about his heart condition I would have the nurse check Mrs. Velasquez to see about how much longer it would be. I would also have her check and see if there was going to be any complications or if everything was running smoothly with her unborn baby. While the nurse and I attend to the two patients I would have the office clerk have the other three patients fill out an evaluation sheet to see if there's anything that could be life threatening that may need medical attention ASAP. Next would have to be Mrs. Veneta Williams and her baby since the baby won't stop crying the conditions from the previous ear infection may have become more severe. Next would have to be between Jill Frances and Mr. Brown depending on what they filled out for the evaluation sheet. If neither are severe I would say Jill Frances since she's supposed to be attending school at the present time. Then following Jill would have to be Mr. Brown.

I. I.-PAP Biology
Sam Houston High School

11-6-06

The order in which I would see the five patients would be; Mrs. Velasquez first, Mr. Hough second, Mrs. Veneta Williams third, Jill Frances fourth, and Mr. Brown last. I chose this order from highest potential emergency to least potential. I would see Mrs. Velasquez first, because of her lack pre-prenatal care that might lead to complications during the birthing. I would do a quick check up, make sure everything is normal then let my experience nurse take over. If there were no complications and everything normal I would then move to Mr. Hough, the 60 year old cow hand. I would do a complete check-up on all of his vital systems and organs just to make sure that it is not some other serious emergency, other than a potential heart attack. If it was a sign of an oncoming heart attack, then I would settle him down in a nice quiet room and do all that I could to treat the symptoms and prevent another myocardial infarction. If it turns out to be something else then I would ask Mr. Hough if he could stay the night so I could run some test and identify the source of the chest pains. Mrs. Veneta Williams I chose to go third because while her case is not very dire, her child is disturbing the other patients and could therefore, cause more damage then if I chose her to go later. I would check the child over for there could be another reason for the child's symptoms other than an ear infection, such as colic or a high fever. Both of which I would need to treat immediately. If it turns out to be just an ear infection I would note the severity of it and treat it. If indeed the ear is in danger of popping then I would ask her Mrs. Veneta Williams to stay here with her child or near as possible, for if the ear pops before proper treatment is applied or has taken effect then I would be close by and able take care off it. While I went to treat Mrs. Veneta Williams's child I would instruct my clerk to seat and talk to Jill Frances and her mother. Jill Frances would probably connect better with my clerk, who someone closer to her own age and in so would be able to open up Jill and her mother. After I was done treating Mrs. Veneta William's child then I would move on to Jill and her mother. If they are willing to talk about their problems I would comfort them and tell them about several good programs and support groups. And if need be, I would treat both the Mother and daughter of any wounds or other complications they might have received from the abuse. I would document all or anything that I found that could lead to charges of abuse and rape against Bernard Frances: I would only release the information with the permission and consent from Jill and her mother. I chose Mr. Brown last of all, because he was not exhibiting any symptoms or potentially fatal complications. I would give him a though check-up, making sure that this was not another attempt at suicide. I would ask him why he came and if he needed to talk. I would have another staff member at hand in case he panic or needed to be sedated. If all he wanted was to talk I would give him my undivided attention for as long as I could and at the end of the visit I would prescribe some anti-depressants if they were needed.

MEB-AP Biology
Southwest High

11/6/06

I would see each of the five patients in this order:

Mr. Hough
Mrs. Velasquez
Mrs. Veneta Williams
Mr. Brown
Jill Frances

I chose this order because I believe that in a doctor's office, health/medical issues come of primary importance rather than psychological issues. Health issues are sometimes unpredictable and life threatening, just as psychological issues are but they can be more well maintained and prevented. I chose Mr. Hough first because a heart attack is a very serious condition, one that cannot be prevented or predicted. His past heart-attack, smoking habits, chest pains, and the non-effectiveness of the medicine put him in high risk of a heart attack and therefore he needs to be seen immediately because his life is on the line. The rest of the cases are not life threatening as his is, therefore it is of crucial importance.

The nurse will be very effective with the pregnant woman, helping her through the pregnancy routine, keeping track of her contractions, keeping her calm due to her husband's terror, and even delivering the baby if the doctor is unable to do so (an experienced nurse should have the ability to do so). The nurse may also be

effective with the crying baby, giving some medicine to sooth the pain and even checking the ear infection as well.

The office clerk's focus should be the psychological patients Mr. Brown and Jill Frances. Psych patients most generally need someone to talk to divert the focus from their lingering problems, and the office clerk may therefore spark up a positive and optimistic conversation with the two of them, one that displays sincere concern which will help keep them from thinking of their problems.

H.C., AP Biology
Southwest High School

11/6/06

Each of the five patients has a fair share to see the doctor, but there are a few that might be slightly more critical than others. All are reasonable and treatable excuses for seeing the doctor, however I feel that a couple share a higher need that could be critical, whereas the others are simple illnesses that can be dealt with.

In order of critical importance I would see Mrs. Velasques, Mrs. Venetta Williams, Mr. Hough, Mr. Brown, and last but certainly not least Jill Frances. I chose this order because I feel that Mrs. Velasquez could go into labor at any minute, and delivering a baby requires medical attention, especially if something should go wrong. I feel that Mrs. Velasquez needs to be in to see the doctor immediately, she is having contractions every ten minutes and the baby could come at any time which makes it critical for her to see the doctor. Second to see the doctor would be Mrs. Venetta Williams. She has a baby that is in desperate need of some kind of medical attention and won't stop crying. The baby is having problems with ear aches and Mrs. Williams is scared that the baby will pop his eardrum which could mean future problems with his hearing, maybe even leading to the baby being deaf. Third I chose Mr. Hough. Mr. Hough still smokes despite of his heart problems and his heart attack in the past. He is the one choosing to smoke and to worsen his problems. I believe if he is choosing to kill himself then he can wait to see the doctor. Fourth I chose Mr. Brown. He has been suffering with alcoholism and his wife just left him which sent him into a downfall that made him want to commit suicide. I believe that Mr. Brown needs help, yet he could wait to get in to see the doctor so that he could receive medicine to help his problem. Lastly I chose Jill Frances. She is on probation for drug possession, they think she might have been sexually molested, and she has tried to run away from home on more occasions than one. I believe that Jill is perhaps struggling with depression and that she needs to be prescribed some anti-depressants. She is not one of the most critical patients in need but she still needs a prescription to help her with her problems.

Since the nurse is experienced I could perhaps use him/her to assist me with the patients. He/She could help me get another patient set up in another room while I am seeing one in the other room which would help me to see the other patients quicker. I could use the office clerk to help me calm the patients that are waiting to get in to see the doctor. She could help keep order with the patients that are waiting which would help me to have calm patients when I am ready to see them.

L.M.

11/6/06

I would first begin by having the desk clerk to tell Mr. Hough to put out the cigarette, as it is a doctor's office. Then I would see Mrs. Velasquez first. She seems to be the one that needs the most help. I would get her set up and have her husband time the contraction intervals. I would have the nurse check on her every fifteen minutes or so to see if there is any change because if there is a change then it needs to be dealt with. I would see Mr. Hough second because he seems to be pretty bad off with his heart. I would get him set up and see if there was anything that could be done. I would have the desk clerk monitor him and check on him every twenty minutes, in case he has a heart attack or goes into shock or something. The next customer would be Mrs. Williams and her baby. The baby could have a serious ear infection or illness that could harm it for the rest of it's life. I would have the nurse do a routine check up and see if there is something seriously wrong with him so that I could check on the previous patients. The next one would be Jill Frances, because if she is into serious drugs, she would need to go to rehab, and if her father abused her she probably needs some therapy.

The final person would be Mr. Brown, he is last because even though he attempted suicide, his case is not as severe as Mrs. Velasquez's. I would have the nurse do some sort of counseling session with him and then determine what he needs. This is the order in which I would see the patients; according to the severity of their case.

Southwest High School, Fort Worth, TX
AB, Senior, AP Biology

11/06/06

I would have to say that the heart with Mr. Hough, and the pregnancy with Mrs. Velasquez, would have to come first. Since they are pretty much the most severe not saying that the others aren't as important. While I'm attending to Mr. Hough about his heart condition I would have the nurse check Mrs. Velasquez to see about how much longer it would be. I would also have her check and see if there was going to be any complications or if everything was running smoothly with her unborn baby. While the nurse and I attend to the two patients I would have the office clerk have the other three patients fill out an evaluation sheet to see if there's anything that could be life treating that may need medical attention ASAP. Next would have to be Mrs. Veneta Williams and her baby since the baby won't stop crying the conditions from the previous ear infection may have become more severe. Next would have to be between Jill Frances and Mr. Brown depending on what they filled out for the evaluation sheet. If neither are severe I would say Jill Frances since she's suppose to be attending school at the present time. Then following Jill would have to be Mr. Brown.

II- Pap Biology
Sam Houston High School

11-6-06

The first person I would attend to would be the owner of the grocery store. His condition is immediately life threatening and cannot be addressed by the nurse alone because he has a history of heart attack and smoking adds greater risk. A correct diagnosis is crucial in his case because if wrong he could die. The nurse would be sent to Mrs. Velasquez, She has no history of complications during childbirth and an experienced nurse will know how to deliver a baby. Babies get ear infections all the time and new mothers anxious just as often so the office clerk will be sent to deal with Mrs. Williams. I would use him to calm the mother down and have her help in treating the baby because it will give them a chance to explore alternative causes. The other two cases seem more psychological than physical which is not my specialty. Another reason I delegated the cases the way I did are because many of these cases are a result of the actions of the patient. Humans tend to have a just world outlook on life. What you do is a direct contributor to what happens to you. The only reason Mr. Hough would be treated first is his case is the most critical.

J.B.
Southwest High School

11/6/06

The order I will see the five patients will be that either I will have a random drawing to see what patient should see the doctor. Or choosing the major and critical attendant should see the doctor. First patient I will see will be Mr. Hough, second patient I will see will be Mrs. Velasquez. Third patient I will see will be Mr. Brown. Fourth patient I will see will be Mrs. Veneta. Fifth patient I will see will be Jill Frances. Because every patient is important than the other one because they have a critical stage higher than the other one.

A.S.
South West High School Ft. Worth, Texas

11/5/06

Out of the five patients waiting to be seen, the first one I would see would be Mr. Hough. I chose him to attend to first because out of all the patients his was the most life threatening and needed to be taken care of right away or could result in another heart attack. The first thing I would do is confiscate his cigarettes and

make sure that he doesn't get them back or start smoking around the other patients. While taking care of Mr. Hough I would have the experienced nurse set up Mrs. Velasquez in a room seeing that she is in labor and call the nearest doctor to see if he or she could lend a hand with the delivery even though they are 50 miles away. By the time Mrs. Velasquez delivers the doctor could already have arrived. After treating Mr. Hough for his chest pain and in reassurance it won't result in a heart attack, I would move on to Mrs. Veneta Williams and her three-month old baby. Since the baby is crying and annoying the rest of the room I would want to treat him in order to keep anyone in the waiting room from getting upset. I would treat him for his ear infection and prescribe them with medicine to subdue the pain and hopefully make him stop crying. After that I would go back to Mrs. Velasquez and see how she was doing but I would first tell the full-time office clerk to go talk to Jill Frances and Mr. Brown or offer them beverages and magazines to keep them occupied and especially to help keep Mr. Brown from staring at the floor and looking like the sorriest guy you've ever seen. Checking on Mrs. Velasquez, I would make sure that the nurse is taking care of her and that the doctor will be here momentarily to help deliver the baby. Then I would attend to Mr. Brown and suggest for him to attend counseling or support groups to help with his depression and active drinking because there isn't much for a physician to do in that case but to try and help. Similar to Mr. Brown, I would suggest counseling to Jill Frances and her mother because of the abuse dealt by Bernard Frances or if they were to even go so far as reporting him to the police for physical abuse to her mother and suspected sexual abuse towards Jill. Finally, I would assume that the doctor arrived by then and would help deliver Jill Frances, Mrs. Velasquez's baby and that it is healthy. I chose the order of the patients in what I thought was the most serious to things that could wait and weren't life threatening.

A.D.
Southwest HS

11/5/06

I would place Mr. Hough in Room 1. Mr. Hough is in the middle of a heart attack, he also had another heart attack last year. He could die from this heart attack.

I would place Mrs. Velasquez in Room 2 and have my nurse in there. Her contractions are only 10 minutes, when they become 3 minutes apart, if available I will go take care of her, if not I will have the nurse deliver the baby.

I would then place Mrs. Veneta and her baby in room 3. Her and the baby are annoying everyone and could trigger Mr. Brown. After Mr. Hough is taken care of I would attend to them. I would find Mr. Brown a psychiatrist. Then tell him to visit the other doctor. I would then find Jill a doctor that could help her.

C.G.-Anatomy
Aledo High School

11/3/06

If those patients were my patients, I would probably see the 60 year old man first. The reason I would see him first is because I think his case would be the most serious. If I was a really good doctor then I would be able to help him and diagnose him or something. While I was doing that, I would have the nurse help the mother and baby. She could help see if the baby had an ear infection or something else. After those two patients, I would take care of the pregnant woman. While I was treating the first patient, I would have told the office clerk to clean and get a room ready for the baby's delivery. I would leave here there with the nurse's supervision while I was helping the 52 year old cowhand. After, I would attend the cowhand. I would first make sure he did not try to commit suicide again or did anything to himself. Finally, I would look at the 17 year old girl and make sure that she has not been sexually abused or anything.

P.C.
Academy of IISD

11/3/06

The first person I would treat would be Mr. Hough. Since he was called immediately, a heart attack could be a terrible life-threatening event. It would be an immediate action to take care of him, and help him through, and increase his life being saved. The nurse also told him to come immediately, which would be a serious condition since his life is on the line. Time is precious, and every second of it can be useful. Well, what I would do second would be treat Mrs. Venenta Williams' baby. The reason being, that if we do not treat him quickly, the constant flicking at his ear could cause his eardrum to break. It could always be that last hit, the one right before you take him, that could cause the most damage. To protect that, I would come to the conclusion that treating him first would create his chances of hearing better. Also, with the baby crying all the time, his annoyance would make the other people in the waiting room uncomfortable, and would irritate them. The third person I would treat would be Mrs. Velasquez. The contractions she is having would mean that it could be a possibility that she would be delivering the baby any moment. In my opinion, getting her to a safe location would let me be able to treat her and take care of her. The baby should be taken care of, or it would be born in a place without a proper environment or tools. The fourth person I would treat would be Mr. Brown. His attempt on suicide would be the biggest reason. He would need counseling, as well as treatment for his alcoholism. However, at any moment he can commit suicide, so it would be the best for me to treat him, and talk to him on a one on one basis, to be able to come down to his level and persuade him to live another life, even if his wife left him.

The last person I would see would be Jill Frances. Her behavior and her situation is important, but not life threatening at the moment. I would want to talk to her, treat her for drug abuse, or any other abuse, and resolve things so that she can change her ways and see another life ahead of her. Talking to her would be extremely important, because it would be my greatest concern to keep them safe and comfortable. I would use the nurse to be able to make sure everyone in the room was okay. And if things were going well, to come in and help me treat people, give supplies, and other things. The clerk would be mainly used to collect money, and to keep everyone calm and assure them that they would be seen very soon. If anything did happen, I would want the clerk to come immediately no matter how slight of a matter it is.

JA-HST I
Academy High School of Irving ISD

11/3/06

Well in the scenario of November I would have to take a look at the 60 year old guy that is having signs of having a heart attack because he could die if he is not looked at. Next I would take care of the pregnant women this is important but the nurse could help her while I take care of the 60 year old men. Then I would look at the women with the baby because I think this is pretty important. I would send the office clerk to call someone to help me and when he is done he could go help me by talking to the alcoholic. Then I would take a look at the 17 year old teenager and then I would go with the alcoholic.

MR Academy, HST

11/3/06

If I were the physician I would first take the baby to a room and examine him, while the nurse takes the pregnant woman to a room to prep her for delivery. While the nurse and I do this I would have the clerk keep a close watch on the four left in the waiting room ready to alert me if anything goes wrong. Whenever the woman is ready to have her child I would deliver the baby. After this I would look at the man with chest pains because his heart could be severely damaged by then. I would then examine the woman and her daughter who I suspect to be abused; they may be hurt physically as well as emotionally. Then I would finally examine the suicidal man because he seems to be controlled and stable in the waiting room.

A.L.V.
The Academy of Irving ISD HST 1

10/31/06

I would take care of the baby first because the baby's ear infection (if the mother's right) can easily be taken care of, plus it'll quiet the waiting room and be less noisy. I will take care of Mrs. Velesquez after and can ask the father for assistance if necessary. I will also assign the nurse to take care of Mr. Hough to see what exactly is his problem and try to treat him. I will assign the clerk to talk to Jill and her mom because I think they just need someone to talk to in their situation. I will leave Mr. Brown to think to himself and try to talk to him afterwards since he is not hurting anyone and doesn't seem to have a health problem - other than his alcohol problems.

KT-PAP Biology I
Sam Houston High School